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## APPLICANTS

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*Verified BS 6*

\*\* CONTINUING DATA \*\*\*\*\*

*NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 365337/2000 11/30/2000  
JAPAN 365935/2000 11/30/2000  
JAPAN 365936/2000 11/30/2000  
JAPAN 365937/2000 11/30/2000  
JAPAN 365938/2000 11/30/2000  
JAPAN 365939/2000 11/30/2000

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 99	<b>INDEPENDENT CLAIMS</b> 18
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

## ADDRESS

5514

## TITLE

Portable terminal and health management method and system using portable terminal

<b>FILING FEE RECEIVED</b> 3422	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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